



THOMAS M. MENINO  
*Mayor*

**Office use only:**

**Call Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Profile**

\* Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Are you 16 or older? \_\_\_\_\_

Home address: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Social security #: \_\_\_\_\_ License #: \_\_\_\_\_

\* Legal guardian (necessary if under the age of 18): \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\* In case of emergency, please notify:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\* Allergies: \_\_\_\_\_

\_\_\_\_\_

### **Skills & Experience**

\* Have you done any other volunteer work? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\* Have you had any training or education in pet care or animal welfare? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

### **Availability**

#### **When are you available to volunteer?**

Monday \_\_\_\_to\_\_\_\_ Tuesday \_\_\_\_to\_\_\_\_

Wednesday \_\_\_\_to\_\_\_\_ Thursday \_\_\_\_to\_\_\_\_

Friday \_\_\_\_to\_\_\_\_ Saturday \_\_\_\_to\_\_\_\_

## **Volunteer Questionnaire**

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

- Have you ever worked/volunteered in an animal shelter before? \_\_\_\_\_

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- How did you hear about the Boston Animal Shelter? \_\_\_\_\_

- Why do you want to volunteer with an animal shelter? \_\_\_\_\_

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- Are you aware that this shelter is not a No-Kill shelter? \_\_\_\_\_

- What are your opinions about euthanization? \_\_\_\_\_
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- 
- 

- Do you currently own any pets? What types of animals? \_\_\_\_\_
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- Where did you get these pets? \_\_\_\_\_

- Are they all vaccinated and licensed? Spayed/Neutered?
- 

- Do you prefer to socialize with a particular type of animal?
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- Are you afraid of any particular types of animals? \_\_\_\_\_

- How do you feel about cleaning up after the animals?

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- Do you think that you can handle a strong dog if he is pulling you?

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- Would you be interested in assisting the office staff with clerical and cleaning duties such as making adoption packets and mopping the floor?

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- Would you be interested in assisting with Pet Adoption Days and other events during the weekends?

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- What are your opinions regarding spaying and neutering? Please explain.

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City of Boston Animal Control: Animal Shelter & Adoption Center (BACSAC)  
**Volunteer Waiver**

The BACSAC feels it is important to have a tetanus vaccination before joining the volunteer team. To emphasize that importance, we ask you to read and sign the following waiver.

- I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician.
- I release the BACSAC from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is my own risk.
- I have read, understand, and agreed to the above.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the behavior of animals is sometimes unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling animals, I agree to assume those risks and to release, indemnify and hold harmless the BACSAC and City of Boston, and/or its officers, directors, employees, agents or contractors, for any and all personal injury and property damages resulting from my volunteer work.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



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City of Boston Animal Control: Animal Shelter & Adoption Center(BACSAC)

## **Volunteer Contract**

This is a contract between \_\_\_\_\_ and the City of Boston, Animal Control. If accepted as a Boston Animal Shelter volunteer, I herein promise and agree to the following conditions:

- I will abide by BACSAC policies and procedures.
- I agree to be supervised by the BACSAC managers/Animal Control Officers and to report any problems that may arise.
- I agree to hold as confidential all information that I may obtain, directly or indirectly, concerning clients and staff. I agree not to seek to obtain confidential information from a client. I understand that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination by the City of Boston and/or possible legal action by others (i.e., clients, customers.)
- I agree to be available to volunteer 4-6 hours a month for a minimum of six months.
- I agree to donate my services to the organization without contemplation of compensation or future employment.
- I agree to arrive on time and call a manager at the shelter if I cannot fulfill my duties at that time.
- I agree to maintain appropriate attire and maintain a well-groomed appearance.
- I authorize the BACSAC to seek emergency medical treatment for me in case of an accident, injury or illness.
- I agree to handle only the animals that are assigned to me and understand that I will not be permitted to enter areas that may house animals that are known to be dangerous.
- I agree to enter only the Adoption Center and administrative areas of the shelter unless otherwise instructed.
- I understand that vicious and dangerous animals are housed at the BACSAC. These animals will not be kept in the adoption section of the shelter but may be walked around other areas of the shelter such as the intake area or doctor's office.
- I understand that some of these dangerous animals are being held at the shelter for quarantines resulting from animal bites or attacks.
- I agree to take the proper precautions to prevent the spread of disease from animal to animal and will abide by the shelter procedures.

Parental Consent is mandatory if you are under the age of 18.

Signature: \_\_\_\_\_ Name (please print): \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_